

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In Re:)
)
Marchfirst Inc.) Bankruptcy Case No. 01-24742
)
)
Debtor)

NOTICE OF HEARING

To: Chief Civil Division
U.S. Attorney's Office
219 S. Dearborn Street
Chicago, Illinois 60604

Mr. Kenneth S. Gardner, Clerk
Attention: Financial Administrator
219 S. Dearborn Street
Chicago, Illinois 60604

United States Trustee
219 South Dearborn Street, Suite 873
Chicago, Illinois 60604

Trustee: Andrew J Maxwell, ESQ
105 West Adams Street ste 3200
Chicago, IL 60603

Please take notice that on August 8, 2013 at 10:00 A.M. (please select a date at least ten (10) business days from the date of mailing this notice) I shall bring the above motion on for hearing before Judge Bruce Black, Courtroom 719, United States Courthouse, 219 South Dearborn Street, Chicago, Illinois 60604.

/s/ David R. Herzog
David R. Herzog
Attorney for Aramark Corporation

CERTIFICATION

I, David R. Herzog, Attorney for Aramark Corporation, claimant, certify that the statements in the foregoing motion are true and correct.

I further certify that the motion and notice of hearing were served on the person to whom notice is given via the ECF court system and/or by depositing copies in envelopes address to them with proper postage in the United States mail on July 22, 2013.

/s/ David R. Herzog
David R. Herzog
Attorney for Aramark Corporation

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In Re:)
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Marchfirst Inc.) Bankruptcy Case No. 01-24742
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Debtor)

**Motion to Withdraw Money
Under 28 U.S.C. § 2042**

Aramark Corporation, (the “claimant”), by and through its attorney David R. Herzog of Herzog & Schwartz, PC, moves this Court to order the withdrawal of moneys on deposit for the estate in the name of Aramark Refreshment Services, creditor, and the payment of these moneys to claimant and in support of this motion states:

1. On 08/24/2012, the trustee of this estate deposited the sum of \$1,300.00 belonging to the creditor with the Clerk of Court.

2. *(Please cross out the subparagraph that does not apply)* certify that the
 - A. The claimant is the creditor in whose behalf these moneys were deposited and is entitled to the money deposited.
 - B. ~~The claimant is not the creditor but is entitled to payment of these moneys because~~ *(please state the basis for your claim to the moneys)*

(Please attach a copy of any supporting document).

(i) If claimant is heir of deceased creditor, attach copies of death certificate and heirship order of court.
(ii) If claimant is assignee of creditor, attach copy of assignment.
(iii) If claimant is corporate successor of creditor, attach copies of all documents demonstrating such status.
(iv) If claimant is an agent of creditor for purposes of filing this application, attach a copy of the agency agreement
(v) Attach other documents showing entitlement should none of the foregoing apply.

3. The creditor did not receive the initial dividend check in the above case for the following reason:

The original dividend check was sent to a Aramark Refreshment Services.
Aramark Refreshment Services is managed by Aramark Corporation, as
evidenced by Exhibit A.

4. The creditor's current mailing address and phone number is:

Aramark Corporation
1101 Market St.
Philadelphia, PA 19107
215.238.3164

5. Dilks & Knopik, LLC, whose tax identification number is 74-3049851, is the Attorney-in-fact for Aramark Corporation, as evidenced by the attached Power of Attorney.

Dated: July 22, 2013

/s/ David R. Herzog.
David R. Herzog, Attorney at Law
Herzog & Schwartz, PC
77 W. Washington St., Ste 1717
Chicago, IL 60602
(312) 977-1600

(i) If claimant is heir of deceased creditor, attach copies of death certificate and heirship order of court.
(ii) If claimant is assignee of creditor, attach copy of assignment.
(iii) If claimant is corporate successor of creditor, attach copies of all documents demonstrating such status.
(iv) If claimant is an agent of creditor for purposes of filing this application, attach a copy of the agency agreement
(v) Attach other documents showing entitlement should none of the foregoing apply.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

RE: Marchfirst Inc.

Case: 01-24742

AUTHORITY TO ACT
Limited Power of Attorney
Limited to one Transaction

Debtor(s)

USED ONLY TO COLLECT FUNDS FROM THE ABOVE REFERENCED CASE

1. Aramark Corporation with a tax identification number of 95-2051630, ("CLIENT"), appoints Dilks & Knopik, LLC ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of \$1,300.00 (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority.
2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT.
3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent.
4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original.

X John Lorenc
John Lorenc - Associate Vice President

2/14, 2013
Date



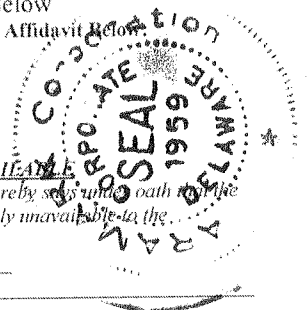
Affix Corporate Seal Below
Or if Corporate Seal Unavailable Sign Affidavit Below

JOHN J. LORENC
DIRECTOR OF TAX
CORPORATE/FSS

ARAMARK CORPORATION
1101 MARKET STREET
PHILADELPHIA, PA 19107-2988
215 238 3164 FAX 215 409 7224
lorenc-john@aramark.com

AFFIDAVIT IF CORPORATE SEAL IS UNAVAILABLE
BE IT ACKNOWLEDGED, that the undersigned hereby swears under oath that the corporate seal for Aramark Corporation is presently unavailable to the undersigned

BY: John Lorenc - Associate Vice President

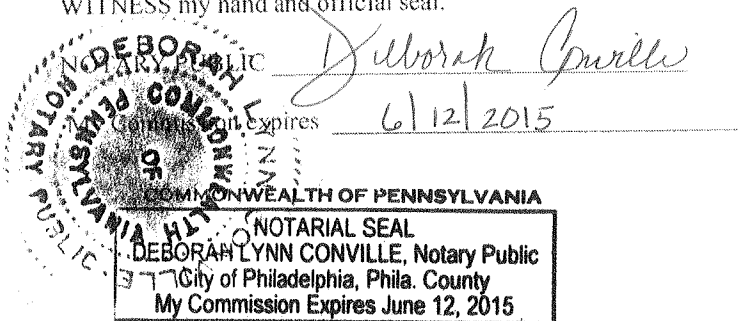


ACKNOWLEDGMENT

STATE OF PENNSYLVANIA COUNTY OF PHILADELPHIA

On this 15th day of FEBRUARY, 2013, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) JOHN LORENC known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.



FILED
May 01, 2012
Secretary of State

DOCUMENT# M07000003494

Entity Name: ARAMARK REFRESHMENT SERVICES, LLC

Current Principal Place of Business:

1101 MARKET STREET
PHILADELPHIA, PA 19107

New Principal Place of Business:

Current Mailing Address:

1101 MARKET STREET
PHILADELPHIA, PA 19107

New Mailing Address:

FEI Number: 23-1673482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ARAMARK CORPORATION
Address: 1101 MARKET STREET
City-St-Zip: PHILADELPHIA, PA 19107

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARAMARK CORPORATION

MGRM

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

Exhibit A

AO 213
(Rev. 06/12)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

Sensitive Information
VENDOR INFORMATION/TIN CERTIFICATION

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name: John Lorenc	Address: 35308 SE Center St.
Business Name: Aramark Corporation (if different from above)	City: Snoqualmie
Address 1: 1101 Market St.	State: WA Zip Code: 98065
Address 2:	Telephone #: (425) 836-5728
City: Philadelphia	Description: Dilks & Knopik LLC (If needed)
State: PA Zip Code: 19107	
Taxpayer Identification #: 95-2051630 (TIN, SS, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name: N/A	Routing # (this nine digit number appears on your checks, but do not include individual check numbers): 0
City: N/A	Account #: N/A
State: N/A Zip Code: 00000	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|--|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input checked="" type="checkbox"/> other: N/A |
| <input type="checkbox"/> government entity (write in either federal, state or local) | |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

AO 213
(Rev. 06/12)

Definitions:

"Taxpayer Identification (TIN, SS, or EIN number)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

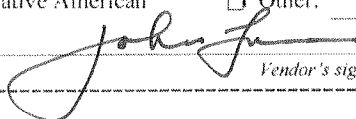
- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business ☒ Not Applicable
- ☐ Minority Owned Business (If yes, select one of the owner's race/ethnicity selections from below):
 - ☐ Asian-Pacific American ☐ Black American ☐ Subcontinent Asian (Asian-Indian) American
 - ☐ Hispanic American ☐ Native American ☐ Other: _____

Date: 2/14/13


Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (make entry only if change)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:

Name: John Lorenc
Telephone Number: (215) 238-3000 Originating Office: _____

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: AODb_OFB_Client_Service_Desk/DCA/AO/USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.